Existential health – developing and evaluating methods for successful health promotion in a secularized context

1. The world
Research on health-related quality of life has the last few decades emphasized the importance to recognize and assess a client’s existential health status, sometimes referred to as spiritual health, for high quality care. However, in what way health and health care is affected by changes in the culture has drawn little attention. According to the World Values Survey there are countries where traditional arenas for existential meaning-making have decreased importance in peoples everyday life.

2. A Swedish model
To meet the health literacy needs in these countries a model for existential health promotion was developed and tested in a clinical setting in Sweden, one of the world’s most secularized countries. This existential health promotion model, presented in Melder’s doctoral thesis, combining theory of psychology of religion and health promotion, provides a fundament to understand the relationship between different dimensions of health, such as the physical, mental, social and existential. It also includes suggestions on how the existential dimension can be enhanced to promote health-related quality of life.

3. Eight existential aspects
-Spirituality, Religiousness and Personal Beliefs
The model addresses eight different aspects of the existential dimension; spiritual connection, meaning and purpose in life, experience of awe and wonder, wholeness and integration, spiritual strength, inner peace, hope and optimism, as well as faith. These aspects were chosen inspired by the existential items in the trans-cultural survey [WHOQOL-SRPB] measuring health-related quality of life developed by the World Health Organization (WHO) after a pilot study in 2002. Brazil was one of the 18 different countries’ that took part in the pilot study.

4. Promoting existential health
Based on this existential health promotion model two interventions were formed. One was used to enhance patient’s self-care capabilities in self-help groups and the other was used as a complement to existing health care interventions for suicide prevention and treatment for persons on long time sick leave. The above mentioned WHO survey was used to evaluate these health promotion interventions in three different clinical settings. The participants answered the questions “before and after” the existential health promotion intervention to measure health-related quality of life. The results were promising, which make us conclude that this model can be used to promote health literacy in the area of existential health, especially when planning interventions for successful health promotion in a secularized context.